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Schools and Libraries Service Program  
Description of Services Requested and Certification Form  
New Form 470 Application

Be sure to review the Form 470 Instructions, available in the Applying for Discounts: Step-by-Step Section of the SLD Web Site ([www.sl.universalservice.org/apply.asp](http://www.sl.universalservice.org/apply.asp)). And remember, if you need additional help while you are filing your Form 470 online, click on the "Help" button in the upper right hand corner of each screen.  
**Attention MAC Users!** If you are using Internet Explorer to access the online forms, you may have to double click the navigation buttons.

Enter Zip Code or Entity Number  
and Click Next:

Zip Code:	<input type="text"/>
OR	
Entity Number:	<input type="text" value="132882"/>

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Select your school or library for

Billed Entity: 132882

If after careful review, your entity is not found, please contact the SLD Client Service Bureau at 1-888-203-8100 for assistance.

	Entity Number	Name	Street Address
Ⓒ	132882	MILWAUKEE PUBLIC SCHOOLS	5225 W VLIET ST,

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**FCC Form 470**

Universal Service Program Description of Services Requested and Certification Form

Approval by OMB  
3060-0806

Estimated Average Burden Hours Per Response: 4.0 hours

This form is designed to help you describe the eligible telecommunications-related services you seek so that this data can be posted on the Fund Administrator Web Site and interested service providers can identify you as a potential customer and compete to serve you.

Please read instructions before beginning this application.

(To be completed by entity that will negotiate with Providers.)

**Applicant's Form Identifier:**  
(Create your own code to identify THIS Form 470)

YR6024

**Form 470 Application #:**  
(To be inserted by Fund Administrator)**Block 1: Applicant Address and Identifications**

<b>1. Name of Applicant (30 characters max.)</b> MILWAUKEE PUBLIC SCHOOLS			
<b>2. Funding Year:</b> Year 2003: 07/01/2003 - 06/30/2004 )		<b>3. Your Entity Number (up to 10 digits)</b> 132882	
<b>4a Applicant's Street Address, P.O.Box, or Route Number</b> 5225 W VLIET ST			
<b>City</b> MILWAUKEE	<b>State</b> WI	<b>Zip Code 5Digit</b> 53201	<b>Zip Code 4Digit</b> 2181
<b>b. Telephone number (10 digits + ext.)</b> ( 414 ) 475 - 8393		<b>c. Fax number (10 digits)</b> ( 414 ) 475 - 8595	
<b>d. E-mail Address (50 characters max.)</b> tempersp@mail.milwaukee.k12.wi.us			
<b>5. Type Of Applicant (Check only one box)</b> <input type="radio"/> Library (including library system, library branch, or library consortium applying as a library) <input type="radio"/> Individual School (individual public or non-public school) <input checked="" type="radio"/> School District (LEA, public or non-public [e.g., diocesan] local district representing multiple schools) <input type="radio"/> Consortium (intermediate service agencies, states, state networks, special consortia)			
<b>6a. Contact Person's Name:</b> Scott Temperly		Copy 4a-d above to 6b-e below	
First, fill in every item of the Contact Person's information below that is different from Item 4, above. Then check the box next to the preferred mode of contact. (At least one box <b>MUST</b> be checked.)			
<b>6b. Street Address, P.O.Box, or Route Number</b> <input type="radio"/> 5225 W VLIET ST			
<b>City</b>	<b>State</b>	<b>Zip Code 5Digit</b>	<b>Zip Code 4Digit</b>

MILWAUKEE		WI	53201	2181
<input type="radio"/> 6c. Telephone Number (10 digits + ext.)	( 414 )	475	- 8743	ext.
<input type="radio"/> 6d. Fax Number (10 digits + ext.)	( 414 )	475	- 8246	
<input checked="" type="radio"/> 6e. E-mail Address (50 characters max.)	tempersp@mail.milwaukee.k12.wi.us			

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Universal Service Program Description of Services Requested and Certification Form

**Entity Number: 132882**  
**Contact Person: Scott Temperly****Applicant's Form Identifier: YR6024**  
**Phone Number: 414-475-8743**

**Please Record This Form 470 Application Number For Future Reference:  
This Number Must Be Used To Complete Your Application,  
If You Leave This Process Before The Application Is Completed.**

**Form 470 Application#: 792900000449106**[Next >>](#)

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**FCC Form 470**

Universal Service Program Description of Services Requested and Certification Form

Approval by OMB  
3060-0806Entity Number: 132882  
Contact Person: Scott TemperlyApplicant's Form Identifier: YR6024  
Phone Number: 414-475-8743**Block 2: Summary Description of Needs or Services Requested**

<b>7 This Form 470 describes (check all that apply):</b>
a. <input type="checkbox"/> Tariffed services - telecommunications services, purchased at regulated prices, for which the applicant has no signed, written contract. A new Form 470 must be filed for tariffed services for each funding year.
b. <input type="checkbox"/> Month-to-month services for which the applicant has no signed, written contract. A new Form 470 must be filed for these services for each funding year.
c. <input checked="" type="checkbox"/> Services for which a new written contract is sought for the funding year in Item 2.
d. <input type="checkbox"/> A multi-year contract signed on or before 7/10/97 but for which no Form 470 has been filed in a previous program year.
<b>NOTE: Services that are covered by a signed, written contract executed pursuant to posting of a Form 470 in a previous program year OR a contract signed on/before 7/10/97 and reported on a Form 470 in a previous year as an existing contract do NOT require filing of a Form 470.</b>

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**FCC Form 470**

Universal Service Program Description of Services Requested and Certification Form

Approval by OMB  
3060-0806Entity Number: 132882  
Contact Person: Scott TemperlyApplicant's Form Identifier: YR6024  
Phone Number: 414-475-8743**Block 2: Summary Description of Needs or Services Requested**

What kinds of services are you seeking for Telecommunications Services? (Refer to the Eligible Services List and Addenda at [www.sl.universalservice.org](http://www.sl.universalservice.org) for examples). Please answer the questions below if you select this category.

8 <input type="checkbox"/> Telecommunications Services	
Do you have a Request for Proposal (RFP) that specifies the services you are seeking ?	
a <input type="checkbox"/> YES, I have an RFP. It is available on the Web at <input type="text"/>	
or via <input type="checkbox"/> the Contact Person in Item 6 or <input type="checkbox"/> the contact listed in Item 11.	
b <input type="checkbox"/> NO, I do not have an RFP for these services.	
If you answered NO, you must list below the Telecommunications Services you seek. Specify each <b>service or function</b> (e.g., local voice service) and quantity and/or capacity (e.g., 20 existing lines plus 10 new ones). See the Eligible Services List at <a href="http://www.sl.universalservice.org">www.sl.universalservice.org</a> for examples of eligible Telecommunications Services, and remember that only common carrier telecommunications companies can provide these services under the Universal Service support mechanism. Add additional lines if needed.	
Service or Function:	Quantity and/or Capacity:
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
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**FCC Form 470**

Universal Service Program Description of Services Requested and Certification Form

Approval by OMB  
3060-0806Entity Number: 132882  
Contact Person: Scott TemperlyApplicant's Form Identifier: YR6024  
Phone Number: 414-475-8743**Block 2: Summary Description of Needs or Services Requested**

What kinds of services are you seeking for Internet Access ? (Refer to the Eligible Services List and Addenda at [www.sl.universalservice.org](http://www.sl.universalservice.org) for examples). Please answer the questions below if you select this category.

9 <input type="checkbox"/> Internet Access	
Do you have a Request for Proposal (RFP) that specifies the services you are seeking ?	
a <input type="radio"/> YES, I have an RFP. It is available on the Web at <input type="text"/>	
or via <input type="checkbox"/> the Contact Person in Item 6 or <input type="checkbox"/> the contact listed in Item 11.	
b <input type="radio"/> NO, I do not have an RFP for these services.	
If you answered NO, you must list below the Internet Access Services you seek. Specify each <b>service or function</b> (e.g., monthly Internet service) and quantity and/or capacity (e.g., for 500 users). See the Eligible Services List at <a href="http://www.sl.universalservice.org">www.sl.universalservice.org</a> for examples of eligible Internet Access Services. Add additional lines if needed.	
Service or Function:	Quantity and/or Capacity:
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>
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**FCC Form 470**

Universal Service Program Description of Services Requested and Certification Form

Approval by OMB  
3060-0806Entity Number: 132882  
Contact Person: Scott TemperlyApplicant's Form Identifier: YR6024  
Phone Number: 414-475-8743**Block 2: Summary Description of Needs or Services Requested**

What kinds of services are you seeking for Internal Connections? (Refer to the Eligible Services List at [www.sl.universalservice.org](http://www.sl.universalservice.org) for examples). Please answer the questions below if you select this category.

<b>10 <input checked="" type="checkbox"/> Internal Connections</b>	
<b>Do you have a Request for Proposal (RFP) that specifies the services you are seeking ?</b>	
a <input checked="" type="radio"/> YES, I have an RFP. It is available on the Web at <input type="text" value="www.milwaukee.k12."/> or via <input type="checkbox"/> the Contact Person in Item 6 or <input type="checkbox"/> the contact listed in Item 11.	
b <input type="radio"/> NO, I do not have an RFP for these services.	
<b>If you answered NO, you must list below the Internal Connections Services you seek. Specify each service or function (e.g., local area network) and quantity and/or capacity (e.g., connecting 10 rooms and 300 computers at 56Kbps or better). See the Eligible Services List at <a href="http://www.sl.universalservice.org">www.sl.universalservice.org</a> for examples of eligible Internal Connections Services. Add additional lines if needed.</b>	
<b>Service or Function:</b>	<b>Quantity and/or Capacity:</b>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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Approval by OMB  
3060-0806

Entity Number: 132882

Contact Person: Scott Temperly

Applicant's Form Identifier: YR6024

Phone Number: 414-475-8743

**Block 2: Summary Description of Needs or Services Requested**

**11** (Optional) Please name the person on your staff or project who can provide additional technical details or answer specific questions from service providers about the services you are seeking. This need not be the contact person listed in Item 6 nor the signer of this form.

Name:	Title:
Scott Temperly	Network Architect
Telephone number (10 digits + ext.)	Ext.
(414) 475 8743	
Fax number (10 digits)	
(414) 475 8246	
E-mail Address (50 characters max.)	
tempersp@mail.milwaukee.k12.wi.us	

**12.** ☒ Check here if there are any restrictions imposed by state or local laws or regulations on how or when providers may contact you or on other bidding procedures. Please describe below any such restrictions or procedures, and/or provide a Web address where they are posted and provide a contact name and telephone number for service providers without Internet access.

The RFP is posted on the Milwaukee Public Schools website at  
<http://www2.milwaukee.k12.wi.us/e-rate/>.

**13.** (Optional) Purchases in future years: If you have plans to purchase additional services in future years, or expect to seek new contracts for existing services, summarize below (including the likely time-frames).

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Universal Service Program Description of Services Requested and Certification Form

Approval by OMB  
3060-0806Entity Number: 132882  
Contact Person: Scott TemperlyApplicant's Form Identifier: YR6024  
Phone Number: 414-475-8743**Block 3: Technology Assessment**

14. ☐ **Basic telephone service only:** If your application is for basic local and/or long distance telephone service (wireline or wireless) only, check this box and skip to Item 16.
15. Although the following services and facilities are ineligible for support, they are usually necessary to make effective use of the eligible services requested in this application. Unless you indicated in Item 14 that your application is ONLY for basic telephone service, you must check at least one box in (a) through (e). You may provide details for purchases being sought.

a. Desktop software: Software required <input checked="" type="checkbox"/> has been purchased; and/or <input type="checkbox"/> is being sought.
b. Electrical systems: <input type="checkbox"/> adequate electrical capacity is in place or has already been arranged; and/or <input checked="" type="checkbox"/> upgrading for additional electrical capacity is being sought.
c. Computers: a sufficient quantity of computers <input checked="" type="checkbox"/> has been purchased; and/or <input type="checkbox"/> is being sought.
d. Computer hardware maintenance: adequate arrangements <input checked="" type="checkbox"/> have been made; and/or <input type="checkbox"/> are being sought.
e. Staff development: <input checked="" type="checkbox"/> all staff have had an appropriate level of training/additional training has already been scheduled; and/or <input type="checkbox"/> training is being sought.
f. Additional details: Use this space to provide additional details to help providers to identify the services you desire.
<div></div>

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**FCC Form 470**

Universal Service Program Description of Services Requested and Certification Form

Approval by OMB  
3060-0806
**Entity Number: 132882**  
**Contact Person: Scott Temperly**
**Applicant's Form Identifier: YR6024**  
**Phone Number: 414-475-8743**
**Block 4: Recipients of Service****16. Eligible Entities That Will Receive Service:**

Check the ONE choice that best describes this application and the eligible entities that will receive the described in this application. You will then list in Item 17 the entity/entities that will pay the bills for these services.

- a. ☐ Individual school or single-site library.
- b. ☐ Statewide application (check all that apply):

You must select a state if (b) is selected:

&lt;Select from the list&gt;

- ☐ All public schools/districts in the state:
- ☐ All non-public schools in the state:
- ☐ All libraries in the state:

If your statewide application includes INELIGIBLE entities, check here. ☐ If checked, complete Item 18.

- c. ☒ School district, library system, or consortium application to serve multiple eligible entities:

Number of eligible entities	106
For these eligible entities, please provide the following	
Area Codes (list each unique area code)	Prefixes associated with each area code (first 3 digits of phone number) separate with commas, leave no spaces
262	236
414	212, 247, 256, 267, 294, 304, 374, 385, 389, 393, 578, 616, 874, 875, 902, 934, 935



<input type="checkbox"/>	<input type="checkbox"/>
If your application includes INELIGIBLE entities, check here. <input type="checkbox"/> If checked, complete Item	

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The following area codes and/or prefixes were not found in the database. Click Accept to use these values in your application or Revise to return to Block 4 to make changes.	
Area Codes:	262, 414
Prefixes:	

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Universal Service Program Description of Services Requested and Certification Form

Approval by OMB  
3060-0806Entity Number: 132882  
Contact Person: Scott TemperlyApplicant's Form Identifier: YR6024  
Phone Number: 414-475-8743**Area Codes and Prefixes**

State	Area Codes	Prefixes
	262	236
	414	212, 247, 256, 267, 294, 304, 374, 385, 389, 393, 578, 616, 874, 875, 902, 934, 935

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Phone Number: 414-475-8743**Block 4: Listing Recipients of Service**

**17. Billed Entities:** List the entity/entities that will be paying bills directly to the provider for the services requested in this application. These are known as Billed Entities. At least one line of this item must be completed.

Please click on the Help button for specific instructions about completing this page

Zip Code:  OR Entity Number:

Please select at least one Billed Entity. You may do multiple searches to add all eligible billed entities on this application.

Selection List		Billed Entity(ies)
<select from list>	<input type="button" value="Add All &gt;&gt;"/>	<select from list>
	<input type="button" value="Add &gt;"/>	MILWAUKEE PUBLIC SCHOOLS
	<input type="button" value="Remove &lt;"/>	
	<input type="button" value="Remove All &lt;&lt;"/>	

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**FCC Form 470**

Universal Service Program Description of Services Requested and Certification Form

Approval by OMB  
3060-0806Entity Number: 132882  
Contact Person: Scott TemperlyApplicant's Form Identifier: YR6024  
Phone Number: 414-475-8743**Billed Entities**

Entity Name	Entity Number
MILWAUKEE PUBLIC SCHOOLS	132882

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**FCC Form 470**

Universal Service Program Description of Services Requested and Certification Form

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3060-0806Entity Number: 132882  
Contact Person: Scott TemperlyApplicant's Form Identifier: YR6024  
Phone Number: 414-475-8743**Block 5: Certification and Signature****19. The applicant includes:(Check one or both)**

- a. ☒ schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U.S.C. Secs. 8801(14) and (25), that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or
- b. ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any school (including, but not limited to elementary and secondary schools, colleges, and universities).

**20. All of the individual schools, libraries, and library consortia receiving services under this application are covered by:**

- a. ☒ individual technology plans for using the services requested in the application; and/or
- b. ☐ higher-level technology plans for using the services requested in the application; or
- c. ☐ no technology plan needed; application requests basic local and/or long distance telephone service only.

**21. Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):**

- a. ☒ technology plan(s) has/have been approved by a state or other authorized body.
- b. ☐ technology plan(s) will be approved by a state or other authorized body.
- c. ☐ no technology plan needed; application requests basic local and/or long distance telephone service only.

22. ☒ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.

23. ☒ I recognize that support under this support mechanism is conditional upon the school(s) or library(ies) I represent securing access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to use the services purchased effectively.

24. ☒ I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

27. Printed name of authorized person	Mr. Robert Nelson
28. Title or position of authorized person	Director of Technology
29. Telephone number of authorized person:	(414 ) 475 - 8315 ext.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47

U.S.C.Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C.Sec. 1001.

Service provider involvement with preparation or certification of a Form 470 can taint the competitive bidding process and result in the denial of funding requests. For more information, refer to the "Service Provider Role in Assisting Customers" at [www.sl.universalservice.org/vendormanual/chapter5.doc](http://www.sl.universalservice.org/vendormanual/chapter5.doc) or call the Client Service Bureau at 1-888-203-8100.

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Universal Service Program Description of Services Requested and Certification Form



FCC Form

Approval by OMB  
3060-0806**470****Schools and Libraries Universal Service  
Program Description of Services Requested  
and Certification Form**

At this point you have filled in all information for the Form 470 application. The final steps in the process are to:

- a. **Verify** a final time that all information is correct in each block you have completed. Use the "Print Preview" button at the bottom of this screen to review your work. If you decide that you need to make corrections, hit "Previous" to go back and make changes.

**Use your browser to print** a copy of the Form 470. Click on your browser's "File" button, and select the "Print" option while you are using "Print Preview".

**Click the "Submit" button** at the bottom of this screen to electronically submit your Form 470 to the SLD.

**IMPORTANT NOTE:** by clicking "Submit" you are simultaneously releasing your completed application to the SLD for posting.

- b. You must click "Submit" to file your Form 470 and begin the required 28-day posting period. If you do not click "Submit," you **MAY NOT** file a Form 471 pursuant to a Form 470.

**PLEASE NOTE:** After you "submit" this Form 470, you have one more step to complete. The next screen will describe the certification process for the Form 470. You will be given the choice to certify (sign) this Form 470 either electronically via a PIN system, or manually by printing out a certification page for signature.

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Submit

Print Preview

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**FCC Form 470**

Universal Service Program Description of Services Requested and Certification Form



Entity Number: 132882  
Contact Person: Scott Temperly

Applicant's Form Identifier: YR6024  
Phone Number: 414-475-8743

Please choose one of the following options to continue certification:

Form 470 Application#: **792900000449106**

This is the final step in completing your Form 470. You may sign this document either electronically through the use of a PIN, or you may print out a certification page, sign it, and then mail it to the address listed below.

For Electronic Certification, click the Electronic Certification button and you will view the electronic certification screen of Block 5. On this page you will enter the User ID that you created when requesting your PIN from the SLD, and your SLD PIN. If you do not have a PIN, you can request one using the "Request a PIN" button. If you have applied for a PIN but have not yet received one and want to E-Cert later, you can close out and come back later using Certify Complete from the Main Menu.

**Electronic Certification**

For users that do not have a PIN and are eligible for one, click "Request a PIN." The authorized person named on one of the following forms can apply for a PIN:

- (1) a Form 471 for Funding Year 2 or later that was approved for funding or
- (2) a Form 486 for Funding Year 2 or later that was successfully data entered.

**Request a PIN**

Paper Certification - After clicking the "Paper Certification" button, you will view the final screen of Block 5.

- (1) Use Paper Certification ONLY if you are not Electronically Certifying your 470.
- (2) **Print out (using your browser), sign, and send in this Block 5 certification page.** When you print Block 5 using your browser, the form will automatically include your Form 470 Application Number, Applicant Name, and Applicant Address. Item (25) must be signed by the person who will certify to the accuracy of the information on the form. Mail the signed Block 5 to:

SLD - Form 470  
P.O.Box 7026  
Lawrence, KS 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form should be mailed to:

SLD - Form 470  
c/o Ms. Smith  
3833 Greenway Drive

Lawrence, KS 66046

Paper Certification

**Note:** If you need to print a Paper Certification and are not currently connected to a printer, you can close out and come back later using Certify Complete from the Main Menu.

To Return to the Main Menu of this site, click the "Main Menu" button.

Main Menu